



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

NOV 02 1988

DARYL QUINN PLT MGR  
ALLIED SIGNAL INC  
PO BOX 33950  
DETROIT MI 48232

RE: EPA ID #: MID005517198

In response to your request of SEP 19 1988 the following information  
has been updated:

NAME INSTL: ALLIED SIGNAL INC

CONTACT: QUINN DARYL PLT MGR

OWNER: ALLIED SIGNAL INC

ACTIVITIES: USED OIL BURNER

INDUSTRIAL BOILER FURNACE

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

A handwritten signature in cursive script, appearing to read "Arthur S. Kawatachi".

Arthur S. Kawatachi  
Information Section  
RCRA Program Management Branch

cc: State Agency  
File ✓





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY

REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

AUG 6 1982

Kenneth W. Burroughs, Plant Mgr.  
Allied Corp., Detroit Tar Plant  
P. O. Box 33950  
Detroit, Michigan 48232

RE: Interim Status Acknowledgement USEPA ID No. MID005517198  
FACILITY NAME: Allied Corp., Detroit Tar Plant

Dear Mr. Burroughs:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: A. H. Baker, Vice President-Process Chemicals

*Handwritten in red:*  
YRS  
8/5/82





EPA ID NUMBER

Allied Corp. Detroit Tar Plant

MID0055-17198

FACILITY OPERATOR

Allied Corp

FACILITY OWNER

Allied Corp.

## FACILITY LOCATION

1200 Zug Island Rd  
Detroit, MI 48232

## PROCESS CODE

## DESIGN CAPACITY

## UNIT OF MEASURE

S01.

4050

G

----- KEY

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
<b>STORAGE:</b>				
			GALLONS	G
			LITERS	L
CONTAINER	S01	G or L	CUBIC YARDS	Y
TANK	S02	G or L	CUBIC METERS	C
WASTE PILE	S03	Y or C	GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G or L	LITERS PER DAY	V
<b>DISPOSAL:</b>				
			TONS PER HOUR	D
			METRIC TONS/HOUR	W
INJECTION WELL	D79	G,L,U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-FEET	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
<b>TREATMENT:</b>				
			HECTARES	Q
			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D,W,E, or H	METRIC TONS/DAY	S
OTHER	T04	U,V,J,R,N, or S		





## Notification of Hazardous Waste Activity

United States Environmental Protection Agency  
Washington, DC 20460Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments

C  
C

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)C  
FT/A C  
1

## I. Name of Installation

A L L I E D S I G N A L I N C

## II. Installation Mailing Address

Street or P.O. Box

C  
3

P O B O X 3 3 9 5 0

City or Town

State

ZIP Code

C  
4

D E T R O I T

M I

4 8 2 3 2

## III. Location of Installation

Street or Route Number

C  
5

1 2 0 0 Z U G I S L A N D R O A D

City or Town

State

ZIP Code

C  
6

D E T R O I T

M I

4 8 2 0 9

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C  
2

Q U I N N D A R Y L P L T M G R

3 1 3 8 4 2 4 4 0 0

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C  
R

A L L I E D S I G N A L I N C

P

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg./mo.  
☐ 2. Transporter  
☐ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner

## B. Used Oil Fuel Activities

- ☒ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☒ c. Burner  
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☒ B. Industrial Boiler☒ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

M I D 0 0 5 5 1 7 1 9 8

ID — For Official Use Only															
C														T/A	C
W															1

# X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

# XI. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature

*Daryl C. Quinn*

Name and Official Title (type or print)

Daryl C. Quinn, Plant Manager

Date Signed

9/15/88





Allied Corporation  
Chemical Sector  
P.O. Box 1053R  
Morristown, NJ 07960-1053

April 1, 1985

U.S. EPA  
Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, IL 60680

Dear Sir:

Enclosed please find our Notification of Hazardous Waste Activity for Allied's Detroit, Michigan facility (MID005517198). *G, TSD, PA*

This filing is made pursuant to requirements for notification as published in 50FR January 4, 1985 on Page 614.

Sincerely,

*K. W. Burroughs*  
*(seap)*

K. W. Burroughs  
Plant Manager

CLD/ep  
Enclosure

*Revised Part A shd be submitted by 7-5-85*







**A DETACH**

A DETACHMENT

**A DETACH**

## A DETACH

**A DETACH**

## A DETACH

**A DETACH**

## A DETACH

**A DETACH**

## A DETACH

☒ 4. TOXIC  
(D000)

**A DETACH**

## A DETACH

**A DETACH**



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MID005517198

REACKNOWLEDGEMENT

ALLIED CHEMICAL DETROIT TAR PLANT  
PO BOX 33950  
DETROIT

MI 48232

INSTALLATION ADDRESS

1200 ZUG ISLAND RD  
DETROIT

MI 48209



P.O. Box 33950  
Detroit, Michigan 48232  
(313) 842-4400

September 30, 1980

Mr. Y. J. Kim  
E.P.A.  
Region V RCRA Activities  
P. O. Box 7861  
Chicago, IL. 60680

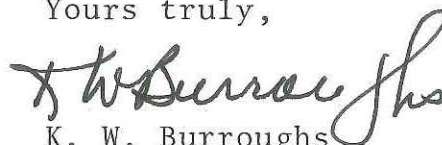
Dear Mr. Kim:

When filling out the "Notification of Hazardous Waste Activity", which was sent in before the August 18, 1980 deadline, one section was filled out inaccurately.

In section IX-B, Hazardous Waste from Specific Sources, item 13, Kool, should be deleted (see attachment). This plant, EPA I.D. No. MID005517198, does not have a wood-preserving process.

If we do not hear from you, we can assume this item was deleted. If not, please call me at (313) 842-4400.

Yours truly,

  
K. W. Burroughs  
Plant Manager

KWB/wg  
cc: S. Bivone  
G. Migaki  
File

OCT 02 1980





U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

MID005517198

ALLIED CHEMICAL CORPORATION

1200 ZUG ISLAND RD P.O. Box 33950  
DETROIT, MI 482091200 ZUG ISLAND RD  
DETROIT, MI 48209

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

## I. NAME OF INSTALLATION

ALLIED CHEMICAL DETROIT TANK PLANT

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

P.O. Box 33950

## CITY OR TOWN

DETROIT

## ST.

MI

## ZIP CODE

48232

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

1200 ZUG ISLAND RD.

## CITY OR TOWN

DETROIT

## ST.

MI

## ZIP CODE

48209

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

BURROUGHS KENNETH PLANT MGR

## PHONE NO. (area code &amp; no.)

313-842-4400

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

ALLIED CHEMICAL CORPORATION

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

MID005517198

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 19 1980



2

I.D. - FOR OFFICIAL USE ONLY													
S	W	M	I	D	0	0	5	5	1	7	1	9	8
1	2	3	4	5	6	7	8	9	10	11	12	13	14

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

DELETE  
SEE  
ATTACH  
LETTER  
IN  
FOLDER

13	14	15	16	17	18
K 00 1	K 0 3 5				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
u 05 1	u 1 6 5				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>[Signature]</i>	NAME & OFFICIAL TITLE (type or print) Plant Manager	DATE SIGNED 8/12/80
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

MAY 22 1991

Steve Buda, Chief  
Michigan Department of Natural Resources  
Waste Management Division  
P.O. Box 30028  
Lansing, Michigan 48909

REPLY TO ATTENTION OF:

5HR-13

Re: Allied Signal, Inc.  
MID 005 517 198

Dear Mr. Buda:

The purpose of this letter is to request assistance from the Michigan Department of Natural Resources (MDNR) in reviewing Allied Signal, Incorporated's, non-hazardous waste determination for a waste pile located at their site.

On September 25, 1990, Allied Signal submitted a protective Part A filing to the United States Environmental Protection Agency (U.S. EPA), to provide for interim status, since previous sampling results indicated that the material in their non-regulated waste pile marginally exceeded the D018 regulatory level of 0.5 mg/l for benzene. Since that time, confirmatory testing has been performed, and on May 13, 1991, Daryl Quinn of Allied Signal informed the U.S. EPA that sampling results now indicate that the waste pile is non-hazardous. In addition, the facility contends that previous findings were a result of laboratory error. Therefore, the facility would like to demonstrate their findings by submitting the sampling and analytical data in order to support their determination.

The U.S. EPA would like your assistance in this review and would appreciate MDNR's opinion as to whether this waste pile is non-hazardous. We are particularly concerned about the "representativeness" of the samples. If you should have any questions regarding this matter, please contact Shari Kolak of my staff at (312) 886-6151.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Richard Traub".

Rich Traub, Chief  
Michigan Section  
RCRA Permitting Branch

cc: Liane Shekter Smith (MDNR)

COPY FOR YOUR  
INFORMATION





Allied-Signal Inc.  
Engineered Materials Sector  
P.O. Box 1053R  
Morristown, NJ 07962-1053

CERTIFIED MAIL

RECEIVED  
WMD RECORD CENTER

NOV 02 1994

September 25, 1990

Mr. David Ullrich  
EPA Region V  
Office of RCRA  
230 S. Dearborn Street  
Chicago, IL 60604

Dear Mr. Ullrich:

RECEIVED

SEP 27 1990

U. S. EPA, REGION V  
SWB - PMS

Attached please find a protective Part A filing for what may be a D018 Toxicity characteristic storage pile at our Detroit Tar plant. The pile contains tar sludges, coal and coke, which primarily originated from a tar barge clean-out in 1983. These sludges were intended for reclamation to our process or reuse as a fuel.

In the spring of 1990, we obtained TCLP test data indicating that this material did not exceed any of the maximum concentrations of contaminants for the Toxicity characteristics. However, we received by phone today new results which marginally exceeded the D018 regulatory level of 0.5 mg/l for benzene. We are therefore making a protective filing to provide for interim status in the event that confirmatory sampling and analysis, to be initiated shortly, indicates that this material is a D018 material.

We are not certain whether the attached should be considered an amended Part A or a new Part A given the recent "clean closure" of the previously permitted container storage area. We have treated it as an amendment. A copy of the original application will be mailed to your office today.

If you have any questions, please call Finn Bohn at 201-455-4767 if there are any questions.

Sincerely,

G. H. Collingwood  
Vice President & General Manager  
Tar Products

#0224ti

C233-T





<b>FORM 1</b> <b>GENERAL</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <b>F M I D 0 0 5 5 1 7 1 9 8</b> </div>
<b>LABEL ITEMS</b> <b>II. EPA I.D. NUMBER</b> <b>III. FACILITY NAME</b> <b>V. FACILITY MAILING ADDRESS</b> <b>VI. FACILITY LOCATION</b>		<div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b> </div>	

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	ALLIED SIGNAL INC DETROIT TAR PLANT
---	------	-------------------------------------

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	QUINN DARYL PLANT MANAGER	313	842 4400

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN	C. STATE	D. ZIP CODE
3	PO BOX 33950	DETROIT	MI	48232

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	1200 ZUG ISLAND ROAD	WAYNE	DETROIT	MI	48209		



**VII. SIC CODES** (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

E. STREET OR P.O. BOX

## X. EXISTING ENVIRONMENTAL PERMITS

## XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

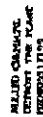
### XIII. CERTIFICATION (see instructions)

# COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80)

REVERSE





SCALE 1:25000

CONTOUR INTERVAL 5 FEET IN THE UNITED STATES AND 3 METERS IN CANADA

DEP IN FATHOMS AND SOUNDINGS IN FEET - DRYLINE IS LOWER SURFACE OF TIDEWAYS SHOWN IN RED - HIGH WATER LINE SHOWN IN BLUE


FROM CLASSIFICATION  
 Forcibly Rightwing, ex-convict, Light duty 1940, in workshop,  
 hands tattooed IMPROVED CONTACT  
 Bravo duty Rightwing, in workshop, Unimproved tool, but in dry  
 hand perfect subject  
 Information Source U. S. ROLES Steve Lange

DETROIT, MICH. - ONT  
H431b - WBB002A

1986  
 1987



FORM 3 RCRA

 EPA

ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER										T	A	C			
S	F	M	I	D	O	O	S	S	/	7	/	98			1
1	2												12	13	14

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS
21		24	29	

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

- ☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility.  
Complete item below.)

C	YR.		MO.		DAY	
8						
15	73	74	75	76	77	78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)

- ☐ 2. NEW FACILITY (Complete item below.)

YR.		MO.		DAY	
73	74	75	76	77	78

FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

- ☒ 1. FACILITY HAS INTERIM STATUS ☐ 2. FACILITY HAS A RCRA PERMIT

### III. PROCESSES – CODES AND DESIGN CAPACITIES

**A. PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

**B. PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	
<b>Storage:</b>			<b>Treatment:</b>			
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>						
INJECTION WELL	D79	GALLONS OR LITERS				
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				
LAND APPLICATION	D81	ACRES OR HECTARES				
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS				
<b>UNIT OF MEASURE</b>			<b>UNIT OF MEASURE</b>			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET. . . . .	A	
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER. . . . .	F	
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR. . . . .	W	ACRES. . . . .	B	
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q	
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H			

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S										T/A C															
C										1															
1 2										13 14 15															
DUP																									
LINE NUMBER	A. PROCESS CODE <i>(from list above)</i>			B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE <i>(from list above)</i>			B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY				
				1. AMOUNT <i>(specify)</i>			2. UNIT OF MEASURE <i>(enter code)</i>								1. AMOUNT			2. UNIT OF MEASURE <i>(enter code)</i>							
	16	-	18	19	-			27	28	29	-	32		16	-	18	19	-			27	28	29	-	32
X-1	S	0	2		600				G				5												
X-2	T	0	3		20				E				6												
1	S	0	3		20,000				Y				7												
2													8												
3													9												
4													10												
	16	-	18	19	-			27	28	29	-	32		16	-	18	19	-			27	28	29	-	32



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

NOTE: Photocopy this page before completing.

ave more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
WM10005517198													W DUP													
1 2 3 4 5 6 7 8 9 10 11 12													1 2 3 4 5 6 7 8 9 10 11 12													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																						
				1. PROCESS CODES (enter)																						
				23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
1	0018	20,000	T															503								
2																										
3																										
4																										
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23																										
24																										
25																										
26																										

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)															
S													T/A	C	
F	M	I	D	O	O	S	S	1	7	1	9	8		6	

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## LATITUDE (degrees, minutes, &amp; seconds)

42	17	22N
42	17	22N

LONGITUDE (degrees, minutes, &amp; seconds)

0	8	3	0	6	4	0	w
72	-	74	75	76	77	-	79

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																							
C																																						
E																																						
15	16														59	58	-	58	-	51	-	52	-	65														
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.		6. ZIP CODE											
C															C																							
F															G																							
15	16														45	15	16														40	41	42			47	-	51

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

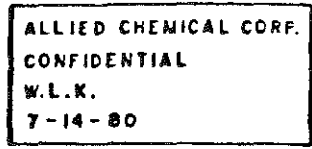
A. NAME (print or type) <b>G.H. Collingwood</b> V.P. and General Manager	B. SIGNATURE 	C. DATE SIGNED <b>9/25/90</b>
--	--	----------------------------------

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type) G. H. Collingwood V.P. and General Manager	B. SIGNATURE 	C. DATE SIGNED 9/25/90
--	--	---------------------------













RECEIVED

Allied Corporation  
Chemical Sector  
P.O. Box 1053R  
Morristown, NJ 07960-1053

JUL 8 1985

June 25, 1985

SWB-AIS  
U.S. EPA, REGION V

REGISTERED MAIL

RECEIVED

JUL 08 1985

U.S. EPA  
Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, IL 60680

SOLID WASTE BRANCH  
U.S. EPA, REGION V

Dear Sir:

G, TSD, PA

Enclosed please find our amended Part A Permit Application  
for Allied's Detroit, Michigan facility MID 005517198.

This filing is made pursuant to requirements, as published  
in 50FR January 4, 1985 on Page 614.

Sincerely,

K. W. Burroughs  
Plant Manager

enc.



**EPA**  
**ENVIRONMENTAL PROTECTION AGENCY**  
**HAZARDOUS WASTE PERMIT APPLICATION**  
 Consolidated Permits Program  
 (This information is required under Section 3005 of RCRA.)

**F M I D 0 0 5 5 1 7 1 9 8**

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED: ☐ DATE RECEIVED (yr., mo., & day): ☐

COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	20,000	G		7				
2	T 0 1	15,000	U		8				
3	S 0 2	1,000,000	G		9				
4					10				



#### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	200	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above





#### D. PROCESSES

EPA Form 3510-3 (6-89)



EPA I.D. NO. (enter from page 1)												
1	2	3	4	5	6	7	8	9	10	11	12	13
F	M	I	D	0	0	5	5	1	7	1	9	8
												14
												15
												16

#### V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

#### VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

#### VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42 17 22 N

LONGITUDE (degrees, minutes, & seconds)

083 06 40 W

#### VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

#### IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

K. W. Burroughs

B. SIGNATURE

*K. W. Burroughs*

C. DATE SIGNED

June 25, 1985

#### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





# SPILL AND WASTE RETENTION

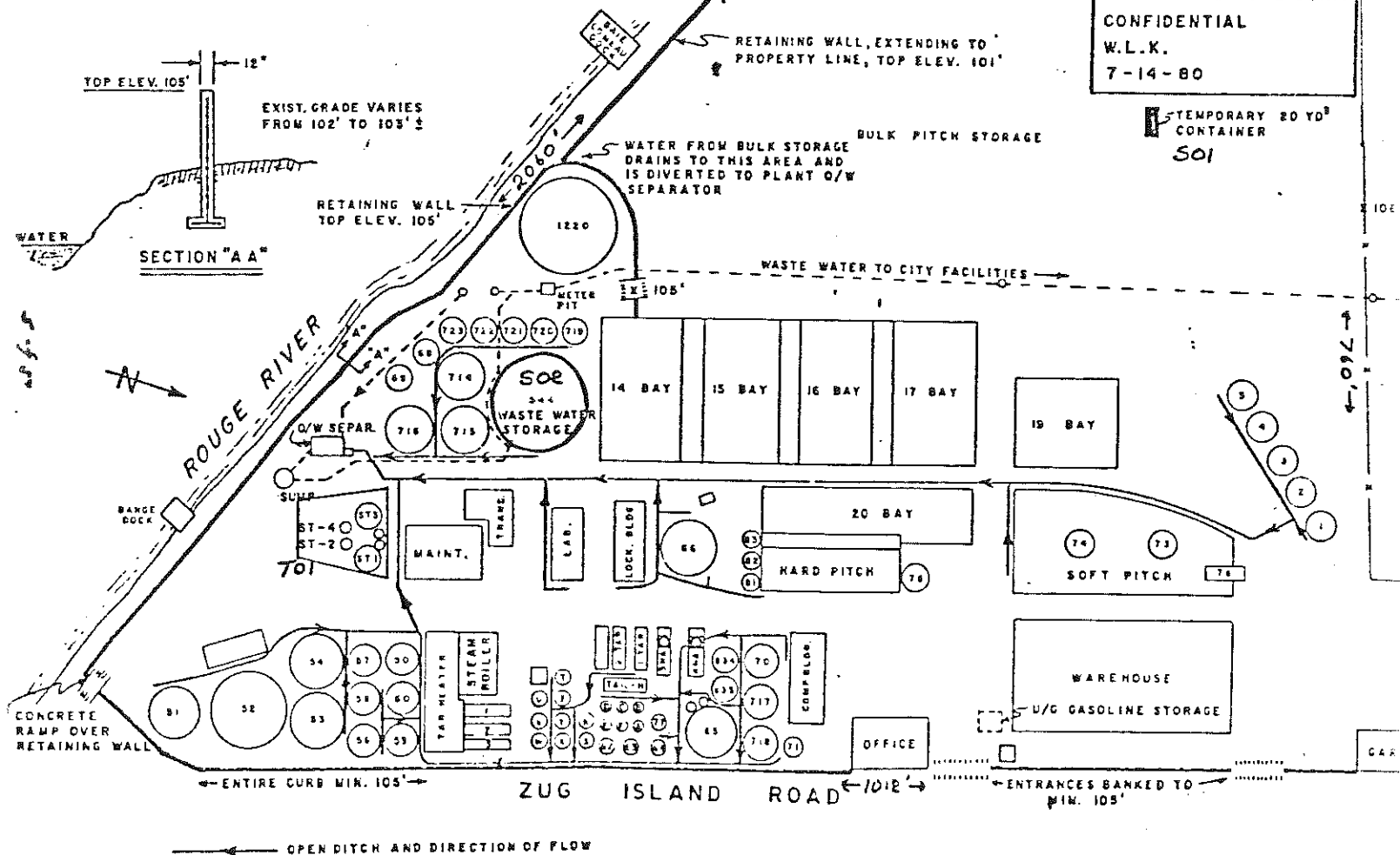
MI D065517198

ALLIED CHEMICAL CORPORATION • CHEMICALS COMPANY  
DETROIT TAR PLANT

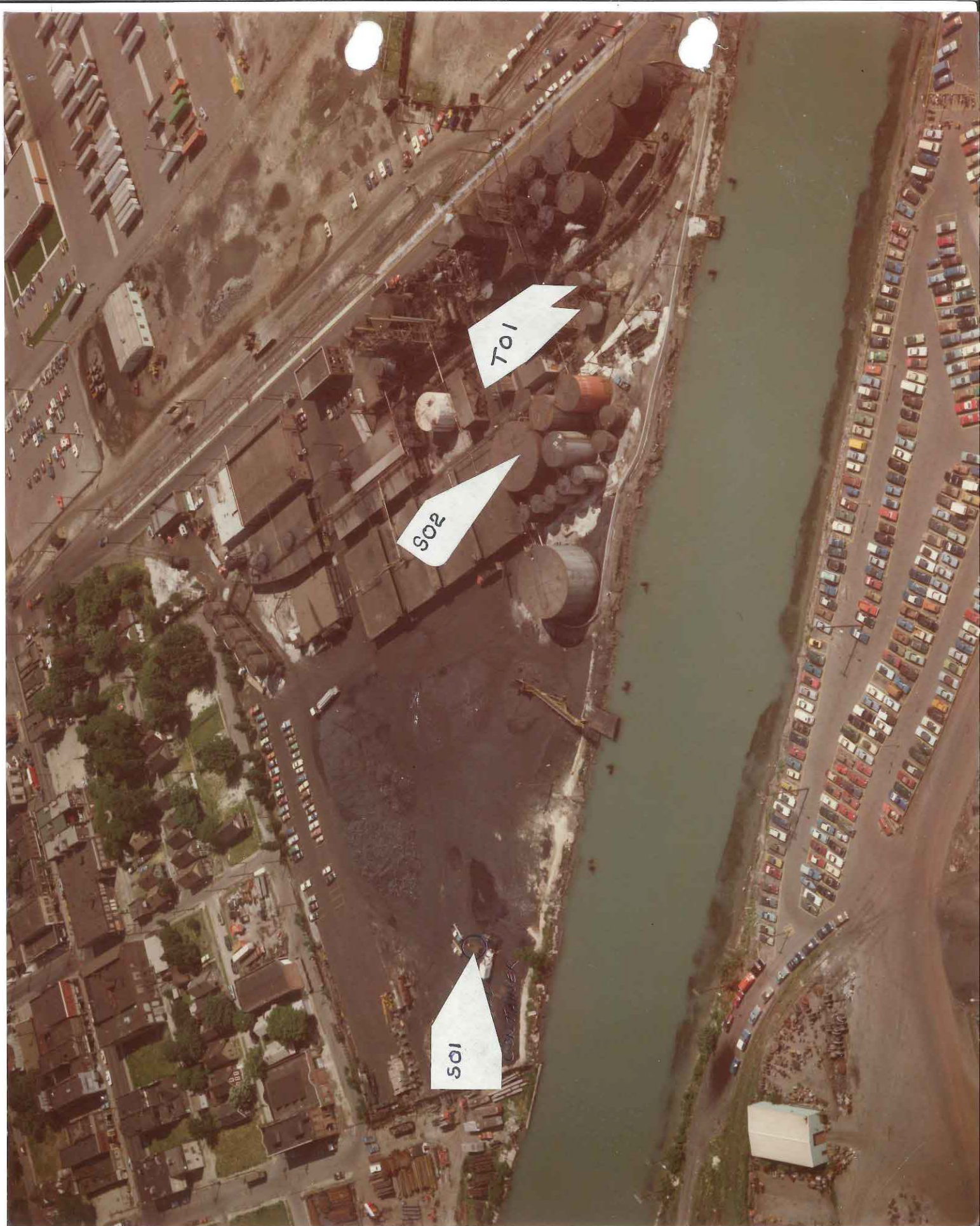
SCALE: 1" = 80 FEET

ALLIED CHEMICAL CORP.  
CONFIDENTIAL  
W.L.K.  
7-14-80

TEMPORARY 20 YD  
CONTAINER  
501











FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER											
PLEASE PLACE LABEL IN THIS SPACE		I. EPA I.D. NUMBER		F M I D 0 0 5 5 1 7 1 9 8											
		III. FACILITY NAME		F A C											
		V. FACILITY MAILING ADDRESS		D											
		VI. FACILITY LOCATION		1 2 3 4 5											
GENERAL INSTRUCTIONS															
<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>															
II. POLLUTANT CHARACTERISTICS															
<p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p>															
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS											
		YES	NO	FORM ATTACHED											
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		15	16	17											
		X													
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		22	23	24											
		X													
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		28	29	30											
		X		X											
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		34	35	36											
		X													
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		40	41	42											
		X													
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		18	19	20											
			X												
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		25	26	27											
			X												
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		31	32	33											
			X												
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		37	38	39											
			X												
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		43	44	45											
			X												
III. NAME OF FACILITY															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">SKIP</td> <td style="width:90%;">ALLIED CHEMICAL CORP DETROIT TAR PLANT</td> <td style="width:5%;">50</td> </tr> </table>						C	SKIP	ALLIED CHEMICAL CORP DETROIT TAR PLANT	50						
C	SKIP	ALLIED CHEMICAL CORP DETROIT TAR PLANT	50												
IV. FACILITY CONTACT															
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">BURROUGHS KENNETH W PLANT MGR</td> </tr> </table>			C	BURROUGHS KENNETH W PLANT MGR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">313</td> <td style="width:10%;">842</td> <td style="width:10%;">4400</td> <td style="width:10%;">51</td> <td style="width:10%;">52</td> <td style="width:10%;">53</td> <td style="width:10%;">54</td> <td style="width:10%;">55</td> </tr> </table>			313	842	4400	51	52	53	54	55
C	BURROUGHS KENNETH W PLANT MGR														
313	842	4400	51	52	53	54	55								
V. FACILITY MAILING ADDRESS															
A. STREET OR P.O. BOX															
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C	PO BOX 33950														
B. CITY OR TOWN				C. STATE	D. ZIP CODE										
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C	DETROIT														
M	I														
4	8232														
VI. FACILITY LOCATION															
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">1200 ZUG ISLAND RD</td> </tr> </table>						C	1200 ZUG ISLAND RD								
C	1200 ZUG ISLAND RD														
B. COUNTY NAME															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">WAYNE</td> </tr> </table>						C	WAYNE								
C	WAYNE														
C. CITY OR TOWN				D. STATE	E. ZIP CODE										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">DETROIT</td> </tr> </table>				C	DETROIT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">M</td> <td style="width:95%;">I</td> </tr> </table>	M	I	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">4</td> <td style="width:95%;">8232</td> </tr> </table>	4	8232				
C	DETROIT														
M	I														
4	8232														
F. COUNTY CODE (if known)															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;"> </td> </tr> </table>						C									
C															



## VIII. OPERATOR INFORMATION

**C. STATUS OF OPERATOR** (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

## X. EXISTING ENVIRONMENTAL PERMITS

**B. UIC (Underground Injection of Fluids)**

C. RCRA (Hazardous Wastes)

## XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

COMMENTS FOR OFFICIAL USE ONLY	
C	
cc	ss



FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			S M I D 0 0 5 5 1 7 1 9 8											
			T A C 1											

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C	YR. MO. DAY	C	YR. MO. DAY
8	5 5 0 9 0 0		
15	73 74 75 76 77 78	73 74 75 76 77 78	

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C												T/A	C											
1	2												13	14	15										
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)								1. AMOUNT					2. UNIT OF MEASURE (enter code)					
X-1	S 0 2	600					G						5												
X-2	T 0 3	20					E						6												
1	S 0 1	20					Y						7												
2	T 0 1*	See pg. 2 12,000					U						8												
3	S 0 2*	See pg. 2 1,000,000					G						9												
4													10												



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

- \* Proposed "process wastewater from creosote production." Proposed in supplemental listing of hazardous wastes 40 CFR Part 261(8); Includes 10,000 gal./day in T01

**IV. DESCRIPTION OF HAZARDOUS WASTES**

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
S W M I D 0 0 5 5 1 7 1 9 8 T/A C 1													S W DUP T/A C 2 DUP																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																													
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																									
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50		
1	K 0 3 5	1,200	T	S 0 1																									
2	U 0 5 1																												
3	U 1 6 5																												
4	*	Proposed Waste 12,500	T	S 0 2	T 0 1																								
5																													
6																													
7																													
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25																													
26																													



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	5	1	7	1	9	8	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4 2 1 7 2 2 N

0 8 3 0 6 4 0 W

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.				6. ZIP CODE			
F										G																	

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

A. H. Baker

B. SIGNATURE



C. DATE SIGNED

Nov. 11, 1980

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



# SPILL AND WASTE RETENTION

← 280' →

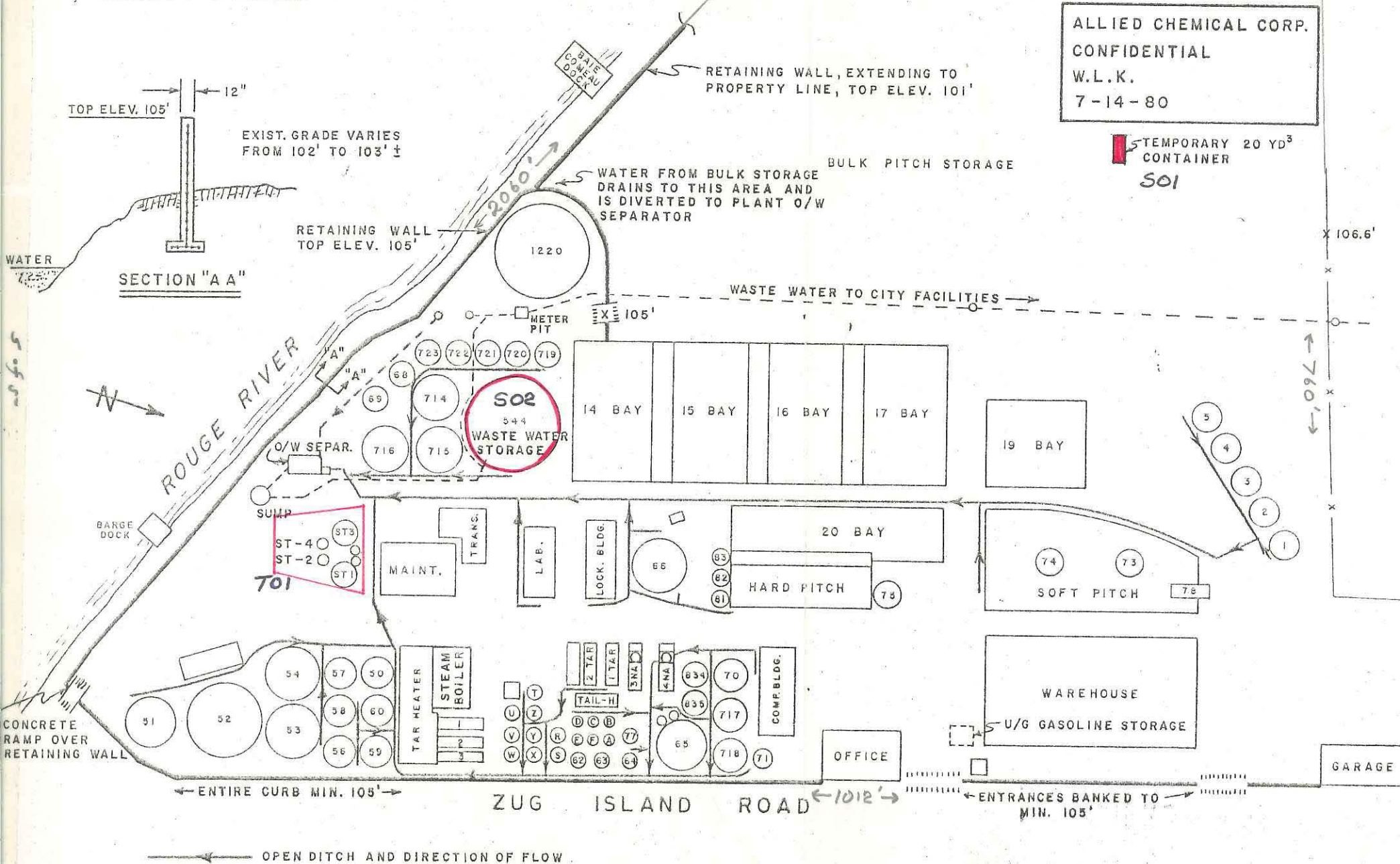
MI D005517198

ALLIED CHEMICAL CORPORATION • CHEMICALS COMPANY,  
DETROIT TAR PLANT

SCALE: 1" = 80 FEET

ALLIED CHEMICAL CORP.  
CONFIDENTIAL  
W.L.K.  
7-14-80

TEMPORARY 20 YD<sup>3</sup>  
CONTAINER  
**501**





Chemicals Company  
Environmental Affairs Department  
P.O. Box 1139R  
Morristown, New Jersey 07960

81  
November 14, 1980

EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, IL 60680

Subject: RCRA Permit Application (Part A)  
Allied Chemical Detroit Plant  
EPA ID #MID005517198

Dear Sir:

Pursuant to 40 CFR Part 122, we herewith submit the subject permit application including Forms 1 and 3.

The process listing in Form 3, Section III is based on our interpretation of the RCRA regulations and the EPA Guide to the Regulations, and in some cases on discussions with EPA personnel.

The description of hazardous wastes listed in Form 3, Section IV is understood to be a current representation of our operations. However, such description may change as a result of alternate use or variation in raw materials, reagents, treating agents and/or manufacturing process variations.

The facility drawing for Form 3, Section V is our collective recollection at the present time regarding areas of past storage, treatment or disposal operations. We reserve all legal and other rights concerning this matter because of the considerable passage of time since the facility began operations.

If you have any questions about this application, please call the facility contact listed in Form 1.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'R. Sobel', written in a cursive style.

R. Sobel, Director  
Environmental Control

RS/jp

Facility Name Allied Corp Chemicals  
 Location (City, State) Detroit, MI  
 EPA I.D.# MID 005 517 198  
 Reviewer Name BF  
 Date of Review 3/20/86

SUMMARY OF FACILITY CERTIFICATION  
 REGARDING POTENTIAL RELEASES  
 FROM SOLID WASTE MANAGEMENT UNITS

(1) Are there any solid waste management units?

Yes X No        Undetermined       

(2) If answer to (1) is Yes, list the units by type, number and operating status. If answer to (1) is No or undetermined, go to Question (5).

	Type of Unit	Status
a.	<u>waste pile #1</u>	<u>active</u>
b.	<u>waste pile #2</u>	<u>active</u>
c.	<u>wastewater treatment (API oil-water separator)</u>	<u>active</u>
d.	<u>      </u>	<u>      </u>
e.	<u>      </u>	<u>      </u>
f.	<u>      </u>	<u>      </u>
g.	<u>      </u>	<u>      </u>
h.	<u>      </u>	<u>      </u>
i.	<u>      </u>	<u>      </u>
j.	<u>      </u>	<u>      </u>

(3) For each type of unit listed in (2), summarize the types and volumes of wastes handled.

	Type of Unit	Type of Waste	Volume of Wastes
a.	<u>waste pile #1</u>	<u>haz. conc. coal tar + coal tar prod.</u>	<u>1000 tons</u>
b.	<u>waste pile #2</u>	<u>haz. conc. coal, coke breeze, coal tar prod.</u>	<u>100 tons</u>
c.	<u>      </u>	<u>      </u>	<u>      </u>
d.	<u>wastewater treatment</u>	<u>heavy + light oils</u>	<u>33,225 gals</u>
e.	<u>      </u>	<u>      </u>	<u>      </u>
f.	<u>      </u>	<u>      </u>	<u>      </u>
g.	<u>      </u>	<u>      </u>	<u>      </u>
h.	<u>      </u>	<u>      </u>	<u>      </u>
i.	<u>      </u>	<u>      </u>	<u>      </u>
j.	<u>      </u>	<u>      </u>	<u>      </u>





- (4) Summarize all releases of hazardous waste or constituents, and check box as to whether company claims it was fully corrected.

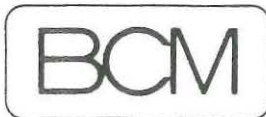
	<u>Releases</u>		<u>Corrected?</u>	
a.	"incidental spills + leaks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
b.	of raw materials" -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
c.	coal tar + coal tar prod.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
d.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
e.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
f.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
g.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
h.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
i.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>
j.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undetermined <input type="checkbox"/>

(5) Certification: Yes ☒ No ☐

(6) Is additional information necessary? Yes ☒ No ☐

(7) Comments: Certification signed by plant manager - signature  
may not be adequate  
Need more information about spills + leaks





**BCM Eastern Inc.**  
Engineers, Planners and Scientists

One Plymouth Meeting • Plymouth Meeting, PA 19462 • Phone: (215) 825-3800

April 25, 1988

Orig: CSE File

XC: Jim R

Ben O.

Rich T.

Mr. James D. Roberts  
Environmental Engineer  
Waste Management Division  
Michigan Department of Natural Resources  
Ottawa Street Building - South Tower  
P.O. Box 30028  
Lansing, MI 48909

APR 29 1988  
Waste Management  
Division

MID 005 517 198

Dear Mr. Roberts:

This is in response to your February 26, 1988 letter requesting either a Part B Application for the Allied Signal (formerly, Allied Chemical Corporation) Corporation's (Allied) Detroit Tar Plant or closure of interim status TSD facilities at the plant. By this letter, Allied will demonstrate closure of the interim status TSD facilities at the Detroit Tar Plant by demonstrating that all TSD facilities specified in the Part A submittals are either (1) exempt from RCRA regulation or (2) have never operated as TSD facility and so are exempt from the closure requirements of the RCRA regulations. Allied will continue to remain in generator status.

On November 14, 1980, Allied submitted a Part A Application for the Detroit Tar Plant. This Part A identified three TSD facilities:

- (1) A storage pad upon which a 20 cubic yard dumpster is located (S01);
- (2) A wastewater pretreatment facility (T01) which removes phenol prior to discharge of the wastewater to the local POTW; and
- (3) A wastewater storage tank (S02) in which the wastewater was stored after treatment in the dephenolizer and before discharge to the POTW. This tank is no longer used for this purpose but now is used for product storage.

This Part A was updated twice. The first update, submitted in April, registered a change of company name and listed wastes which Allied thought it might wish to receive from offsite generators at some future time. The second update, submitted on June 25, 1985, provided additional information specifying the tanks in which hazardous waste might be stored at a future time. This information was required by an updated Michigan regulation.





The submittal of a Part A Application was made by Allied simply as a precautionary filing if it planned to store and/or treat hazardous waste onsite or receive hazardous waste from offsite in the future. Allied has not treated, stored or disposed of hazardous waste onsite or received hazardous waste from offsite at any time during the period in which the facility had interim status.

Closure of Treatment Facility (T01): The dephenolizer (T01) is exempt from the RCRA regulations because:

1. The dephenolizer is a wastewater treatment facility because it discharges to a POTW and is subject to pre-treatment standards as required under 307 (b) of the Clean Water Act;
2. The dephenolizer consists of individual tanks (as defined in the regulations) which are wastewater treatment units;
3. A wastewater treatment unit is exempt from the Michigan Hazardous Waste Regulations under Section R299.9109 (m).

Closure of the 1,000,000 Gallon Storage Tank (S02): The 1,000,000 gallon storage tank (S02) is exempt from the RCRA regulations because:

1. The storage tank is a wastewater treatment facility because it discharges to a POTW and is subject to pre-treatment standards as required under 307 (b) of the Clean Water Act;
2. The storage tank is a tank (as defined in the regulations) which is a wastewater treatment unit;
3. A wastewater treatment unit is exempt from the Michigan Hazardous Waste Regulations under Section R299.9109 (m).





Mr. James D. Roberts

-3-

April 25, 1988

Closure of Storage Pad (S01): The storage pad is exempt from the RCRA Part B Permit Requirements because:

1. This facility served only as short-term waste accumulation area;
2. This facility never received any hazardous waste from off-site; and
3. Only twice since the initial Part A submittal, in error, has the 90 day accumulation period been exceeded (by 30 days and 4 days).

We will be happy to demonstrate the validity of all statements in this letter. Upon your acceptance of the validity of these statements, we request that you determine that closure of the facility has been completed.

Should you wish to discuss this matter, we will be happy to meet with you either in your offices or at our facility. Should you have any questions in the meantime, please contact Mr. Henry Alexander of BCM Engineers at 215-825-3800.

Thank you for your help in this matter.

Very truly yours,

/gdb  
8334C

F. Boden  
H. Alexander  
S. Popowicz





STATE OF MICHIGAN

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
MARLENE J. FLUHARTY  
KERRY KAMMER  
O. STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

DAVID F. HALES, Director

Region II Headquarters  
P.O. Box 128  
Roscommon, Michigan 48653  
December 1, 1988

*MID 005 517 198*

*Allied Signal -  
Detroit MI*

Robert J. Ford, Corporate Manager  
Pollution Control  
Allied-Signal, Inc.  
Health Safety & Environmental Sciences  
P.O. Box 1013R  
Morristown, New Jersey 07960-1013

Dear Mr. Ford:

The materials you submitted in your October 17, 1988, letter have been reviewed. Based on the materials submitted the corporation appears to be in compliance with the financial test requirements contained in the RCRA regulations.

Your cooperation in this matter was appreciated. Should you have any other questions do not hesitate to contact me.

Sincerely,

*Thomas M. Polasek*  
Thomas M. Polasek  
Environmental Engineer  
WASTE MANAGEMENT DIVISION  
517-275-5151

TMP:fs

cc: Sabadaska, EPA  
Devantier  
Pierce/file  
c.file







Allied-Signal Inc.  
Engineered Materials Sector  
P.O. Box 1139R  
Morristown, NJ 07960-1139

October 17, 1988

Mr. Thomas M. Polasek  
Michigan Department of Natural Resources  
Waste Management Division  
Region II Headquarters  
P.O. Box 128  
Roscommon, MI 48653

Dear Mr. Polasek:

In accordance with your letter of September 14, 1988 I have attached a revised letter from our chief financial officer. Based on the new format there is now a Table III, but all other tables are unchanged from our original submittal.

Also attached is a page explaining Moody's corporate ratings, which shows that our referenced bond rating is A, which is specified in 40 CFR 264.147 (f).

I believe that we have addressed all the concerns identified in your letter. Please contact me at (201) 455-4947 if there are questions concerning these materials.

Very truly yours,

A handwritten signature in cursive script that reads 'Robert J. Ford'.

Robert J. Ford  
Corporate Manager  
Pollution Control

RJF/sp

Attachments

cc: Adventer 11-10-88  
11-22-88 p







Allied-Signal, Inc.  
P.O. Box 3000R  
Morristown, NJ 07960-2496  
Telephone: (201) 455-5107  
(212) 964-5111

**John W. Barter**  
Senior Vice President and  
Chief Financial Officer

Director  
Michigan Department of Natural Resources  
P.O.Box 30038  
Lansing, MI 48909

Dear Sir:

I am the chief financial officer of Allied-Signal Inc., Columbia Turnpike, Morristown, New Jersey 07960. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The firm identified above is the owner or operator of the following facilities for which liability coverage for both sudden and nonsudden accidental occurrences is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265: See Table I.

The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, liability coverage for both sudden and nonsudden accidental occurrences at the following facilities owned or operated by the following subsidiaries of the firm: None.

1. The firm identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: See Table I.
2. The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility: None.
3. In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 or 265, this firm is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: See Table II.



4. The firm identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None.
5. This firm is the owner or operator of the following UIC facilities for which financial assurance for plugging and abandonment is required under Part 144. The current closure cost estimates as required by 40 CFR 144.62 are shown for each facility: See Table III

This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements and footnotes for the latest completed fiscal year, ended December 31, 1987.

#### ALTERNATIVE II

1. Sum of current closure and post-closure cost estimates (total of all cost estimates listed above) . . . \$ 5,914,167
  2. Amount of annual aggregate liability coverage to be demonstrated . . . . . \$ 11,000,000
  3. Sum of lines 1 and 2 . . . . . \$ 16,914,167
  4. Current bond rating of most recent issuance and name of rating service . . . . . A-2, Moody's
  5. Date of issuance of bond . . . . . 6/01/87
  6. Date of maturity of bond . . . . . 6/01/2002
  - \*7. Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements, you may add the amount of that portion to this line) . . \$ 1,507,000,000
  - \*8. Total assets in U.S. (required only if less than 90% of assets are located in the U.S.) . . . . \$ 8,428,000,000
- |  | YES      | NO       |
|--|----------|----------|
| 9. Is line 7 at least \$10 Million? . . . . .  | <u>X</u> | —        |
| 10. Is line 7 at least 6 times line 3? . . . . .   | <u>X</u> | —        |
| * 11. Are at least 90% of assets located in the U.S.? If not, complete Line 12 . . . . . | —        | <u>X</u> |
| 12. Is line 8 at least 6 times line 3? . . . . .   | <u>X</u> | —        |





I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below.

A handwritten signature in cursive script, appearing to read "J.W. Barter".

John W. Barter  
Allied-Signal Inc.  
Senior Vice President and  
Chief Financial Officer  
October 14, 1988



TABLE I

ALLIED-SIGNAL INC. FACILITIES FOR WHICH FINANCIAL ASSURANCE FOR LIABILITY COVERAGE  
AND CLOSURE AND/OR POST-CLOSURE COST IS BEING DEMONSTRATED BY THE FINANCIAL TEST

<u>STATE</u>	<u>EPA ID NUMBER</u>	<u>PLANT NAME &amp; ADDRESS</u>	<u>CURRENT COST ESTIMATES</u>	
			<u>CLOSURE</u>	<u>POST-CLOSURE CARE</u>
Michigan	MID005517198	Detroit Tar Plant 1200 Zug Island Road Detroit, MI 48232	\$ 28,050	N/A
	MID048222601	Bendix Guidance Systems 375 No. Lake Street Boyne City, MI 49712	\$ 10,300	N/A
Total, State of Michigan			\$ 38,350	N/A





TABLE III

ALLIED-SIGNAL INC. FACILITIES FOR WHICH FINANCIAL ASSURANCE FOR PLUGGING AND ABANDONMENT OF CLASS I  
UNDERGROUND INJECTION WELLS IS BEING DEMONSTRATED BY THE FINANCIAL TEST

<u>STATE</u>	<u>EPA ID NUMBER</u>	<u>WELL PERMIT NUMBER</u>	<u>CURRENT COST ESTIMATES PLUGGING AND ABANDONMENT</u>
Illinois	ILD005463344 Danville Works Brewer Road Danville, IL 61832	1982-2-IOP	\$ 68,109
		Total, State of Illinois	<hr/> \$ 68,109





Allied-Signal Inc.  
Engineered Materials Sector  
P.O. Box 1139R  
Morristown, NJ 07960-1139

Certified Mail  
Return Receipt Requested

September 19, 1988

Mr. Thomas M. Polasek  
Waste Management Division  
Michigan Department of Natural Resources  
Region II Headquarters  
P.O. Box 128  
Roscommon, MI 48653

Reference: Allied-Signal, Inc.  
1988 Financial Test Documents

Dear Mr. Polasek:

Your letter detailing format concerns in the financial test letter from our chief financial officer, was just received. Addressing these concerns is straight-forward, but it takes us some time to obtain the necessary reviews and the signature of our chief financial officer. I am therefore requesting an extension to the response date until October 20, 1988.

Please contact me at (201) 455-4947 should there be any questions in this regard.

Sincerely,

A handwritten signature in cursive script that reads 'Robert J. Ford'.

Robert J. Ford

RJF/sp

SEP 23 1988

UASG





MAY 20 1988

Mr. Robert J. Ford  
Corporate Manager, Pollution Control  
Allied Signal Incorporated  
P.O. Box 1013R  
Morristown, New Jersey 07960-1013

Re: Financial Responsibility  
MID 005 517 198 ✓  
MID 048 222 601

Dear Mr. Ford:

On March 22, 1988, you submitted the following financial test documents, covering the Detroit Tar Plant in Detroit, Michigan and the Bendix Guidance Systems in Boyne City, Michigan, under the Resource Conservation and Recovery Act (RCRA) to this office:

1. Letter from the chief financial officer;
2. Letter from an independent certified public accountant (Price Waterhouse); and
3. Allied Signal's 1987 annual report.

On October 30, 1986, the State of Michigan was granted final authorization by the Administrator of the United States Environmental Protection Agency (U.S. EPA) to administer a hazardous waste program in lieu of the Federal program. As a result of final authorization, Michigan is required to enforce the provisions of RCRA, including the financial responsibility requirements for liability coverage and closure/post-closure care in 40 CFR Parts 264/265, Subpart H.

To implement this aspect of authorization, financial documents must be written to satisfy the requirements of the equivalent sections of the Michigan Administrative Code. This letter is to inform you that the above listed financial documents are being forwarded to the appropriate district offices of the Michigan Department of Natural Resources (MDNR)

- 2 -

for their review and that future submittals should be to the MDNR rather than the Chicago regional office of U.S. EPA.

If you have any questions or desire additional information, please contact Mr. Ronald Brown on my staff at (312) 886-4463.

Sincerely yours,

Paul E. Dimock, Chief  
IL/MI/WI Enforcement Programs Section

cc: Benedict Okwumabua, MDNR-Northville w/enclosure (originals)  
[including Notice of Cancellation of Liability Insurance for  
the Allied Chemical Company/Detroit Tar Plant MID 005 517 198  
by the Travelers Insurance Companies]  
John Robertson, MDNR-Roscommon w/enclosures  
[including Notice of Cancellation of Liability Insurance for  
Allied-Signal/Bendix Guardian System MID 048 222 601 by The Travelers  
Insurance Companies]  
Harry Chappel, IEPA-Compliance w/enclosures

bcc: Sally Swanson (5HS-12) w/enclosures  
Zetta Thomas (5HS-12)

## CONCURRENCES

SYMBOL			FPS#1				
SURNAME	D.R.		REB acting				
DATE	5/19/88		5-19-88				



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

MAR 26 1987

SHE-12

U.S. EPA ID #: MID005517158

ALLIED CHEMICAL CORP DETROIT TAR P#  
PO BOX 33950  
DETROIT MI 48232

Re: RCRA Financial Responsibility

Dear Owner/Operator:

On October 30, 1986, the State of Michigan was granted final authorization by the Administrator of the United States Environmental Protection Agency (U.S. EPA) to administer a hazardous waste program in lieu of the Federal program. As a result of final authorization, Michigan is required to enforce the provisions of the Resource Conservation and Recovery Act (RCRA). One of these provisions (40 CFR Part 265, Subpart H) requires all hazardous waste facilities to demonstrate financial responsibility for liability coverage and closure/post-closure care.

To implement this aspect of authorization, financial documents must be written to satisfy the requirements of the Michigan Administrative Code 1985 AACs, Part 7, which is the Michigan equivalent of 40 CFR Part 265, Subpart H. This letter is to notify you that your financial test should be updated and sent to the Director of the Michigan Department of Natural Resources within 90 days after the close of your fiscal year.

If you have any questions or desire additional information, please contact Ms. Sharon Johnson at (312) 886-4581 or Ronald Brown at (312) 353-7921.

Sincerely yours,

William E. Muno, Chief  
RCRA Enforcement Section

cc: John Bohunsky, MDNR





Allied-Signal Inc.  
Health, Safety & Environmental Sciences  
P.O. Box 2332R  
Morristown, NJ 07960

7MID 15 517-198

March 20, 1987

RECEIVED

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

MAR 25 1987

U. S. EPA REGION 5  
OFFICE OF REGIONAL ADMINISTRATOR

Mr. Valdas V. Adamkus  
Regional Administrator, Region V  
U.S. Environmental Protection Agency  
Federal Building  
230 South Dearborn  
Chicago, IL 60604

Dear Mr. Adamkus:

On March 21, 1986, we submitted to your office proof of financial assurance for closure and post-closure care for facilities subject to regulation under 40 CFR Part 265, Subpart H. These included facilities in Michigan.

Section 265.143(e)(5) requires that updated financial data be submitted within 90 days of the close of each fiscal year. For our firm, the fiscal year ends December 31. Thus, we are submitting the updated financial information as specified.

The following items are attached:

- i. A letter signed by Donald R. Kayser, Senior Vice President, the chief financial officer of Allied-Signal Inc.
- ii. A copy of a report on examination of Allied-Signal Inc. financial statements for the latest completed fiscal year prepared by Price Waterhouse & Co., an independent certified public accountant.
- iii. A special report from Price Waterhouse as required.

We are also using the financial test to demonstrate financial responsibility for liability coverage as applicable.

O. WMD  
CC: RF (CERT #P 319 059 343)





STATE OF MICHIGAN



S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
E. R. CAROLLO  
MARLENE J. FLUHARTY  
STEPHEN F. MONSMA  
O. STEWART MYERS  
RAYMOND POUPORE  
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

January 23, 1985

Allied Chemical Corporation  
Detroit Tar Plant  
1200 Zug Island Road  
Detroit, Mich.

RE: MID 005517198

Gentlemen:

As part of our FY85 Hazardous Waste Management Cooperative Agreement with the U.S. EPA, we are obligated to review the adequacy of the closure and post-closure plans for all hazardous waste treatment storage and disposal facilities (TSDFs) in the state.

Your facility falls under this classification. Therefore, please submit two up-to-date copies of your closure plan for your treatment, storage, and disposal facility by February 15, 1985.

The above should be sent to the following address:

Hazardous Waste Division  
Michigan Department of Natural Resources  
15500 Sheldon Road  
Northville, MI 48167

If you have any questions regarding this letter, please contact me at (313) 459-9180.

Sincerely,

A handwritten signature in cursive script, reading "Benedict N. Okwumabua".

Benedict N. Okwumabua, PhD.  
District Supervisor  
Hazardous Waste Division

cc: U.S. EPA  
J. Bohunsky  
A. Howard





Inspection Priorities for RCRA Interim Status Financial Responsibility Requirements

1.

265.140(c) Is this a State or Federal Facility? NO

FINANCIAL ASSURANCE REQUIREMENTS

265.142(a) Is the written closure cost estimate available? YES

265.144(a) Is the written post-closure cost estimate available? N/A

265.142(c) Have any revisions been made to the closure/post-closure cost estimates which increase the cost of closure/post-closure? NO

265.142(d) Have the closure/post-closure cost estimates been revised to reflect the increased cost of closure/post-closure? YES

265.142(b) Have the closure/post-closure cost estimates been updated to the current year by either recalculating the cost estimates or using an inflation factor derived from the most recent Implicit Price Deflator from the U.S. Department of Commerce?

Note: The annual Implicit Price Deflator covers the period from April 1987 to April 1988 (for example) and can be obtained from the Commerce Department Library in Chicago, (312) 353-4450.

1980 - 85.7	1984 - 108.1
1981 - 97.0	1985 - 111.7
1982 - 100.0 base year	1986 - 114.5
1983 - 103.8	1987 - 116.4

YES

265.143 Which financial instrument(s) is used to assure closure/post-closure care costs?

	<u>Closure</u>	<u>Post-Closure</u>
	<input type="checkbox"/> Trust Fund *	<input type="checkbox"/> Trust Fund *
	<input type="checkbox"/> Surety Bond*	<input type="checkbox"/> Surety Bond*
	<input type="checkbox"/> Letter of Credit*	<input type="checkbox"/> Letter of Credit*
	<input type="checkbox"/> Insurance*	<input type="checkbox"/> Insurance*
	<input checked="" type="checkbox"/> Financial Test	<input type="checkbox"/> Financial Test
	<input type="checkbox"/> Corporate Guarantee	<input type="checkbox"/> Corporate Guarantee
265.143(f)	<input type="checkbox"/> Combination of above*	<input type="checkbox"/> Combination of above*
265.145(f)	Specify:	Specify:
265.143(g)	<input checked="" type="checkbox"/> One instrument for multiple facilities	<input type="checkbox"/> One instrument for multiple facilities
265.145(g)	specify:	specify:





- 265.146 Has the owner or operator used one instrument for financial assurance of both closure and post-closure care? *yes*
- 265.142 Does the amount of the financial assurance instrument(s) equal  
265.144 or exceed the current closure/post-closure cost estimates? *yes*
- 265.150 Has the State assumed responsibility for the facility's compliance with closure/post-closure care requirements? *no*

#### LIABILITY REQUIREMENTS

- 265.147(a) Does the owner or operator have coverage for sudden accidental occurrences in an amount of at least \$1 million per occurrence with an annual aggregate of at least \$2 million, exclusive of legal defense costs?
- 265.147(a) What is the method of coverage? *yes*
- ☐ Insurance
  - ☐ Hazardous Waste Facility Endorsement, or
  - ☐ Certificate of Liability Insurance
  - ☒ Financial test.
  - ☐ Corporate Guarantee
  - ☐ Combination of financial test or corporate guarantee and insurance
- 265.147(b) Does the owner or operator of a surface impoundment, landfill, or land treatment facility which is used to manage hazardous waste have coverage for nonsudden accidental occurrences in the amount of at least \$3 million per occurrence with an annual aggregate of at least \$6 million, exclusive of legal defense costs?
- 265.147(b) What is the method of coverage? *N/A*
- ☐ Insurance
  - ☐ Hazardous Waste Facility Liability Endorsement, or
  - ☐ Certificate of Liability Insurance
  - ☐ Financial test
  - ☐ Corporate guarantee
  - ☐ Combination of financial test or corporate guarantee and insurance



- 265.147(e) After receiving final closure certifications from the owner or operator and an independent registered professional engineer, has the Director notified the owner or operator in writing that the owner or operator is no longer required to maintain liability coverage? *N/A*
- 265.150 Has the State assumed responsibility for the owner's or operator's compliance with the liability requirements for sudden and/or nonsudden accidental occurrences? *NO*

Depending on the division of responsibility between the district offices and the central office in Lansing, the following may apply to a CEI inspection:

- 265.143 Does the wording of all financial instrument(s) match that  
265.145 in 264.151 and identify the Director of MDNR rather than the  
U.S. EPA Regional Administrator? *yes*
- 265.143(a) Are the closure/post-closure cost estimates calculated according to  
265.145(a) Federal and State requirements? *yes*
- 265.143 Have the procedures regarding the financial instrument(s) been  
265.145 followed? *yes*



## ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

## II. GENERATOR'S EPA I.D. NUMBER

F M I D 0 0 5 5 1 7 1 9 8 1  
1 2 13 14 15

T/A C

GTSD

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other \_\_\_\_\_

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF INSTALLATION

A L L I E D C H E M I C A L C O R P D E T R O I T T A R P L A N T  
30 69

## IV. INSTALLATION MAILING ADDRESS

3 P O B O X 3 3 9 5 0  
15 16 45

Street or P.O. Box

4 D E T R O I T M I 4 8 2 1 3 1 2  
15 16 41 42 47 51

City or Town

State Zip Code

## V. LOCATION OF INSTALLATION (if different than section IV above)

5 1 2 0 0 Z U G I S L A N D R D  
15 16 45

Street or Route number

6 D E T R O I T M I 4 8 2 1 0 9  
15 16 41 42 47 51

City or Town

State Zip Code

## VI. INSTALLATION CONTACT

2 B U R R O U G H S K E N  
15 16 45

Name (last and first)

3 1 3 - 8 4 2 - 4 4 0 0  
46 55

Phone No. (area code &amp; no.)

## VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K. W. Burroughs, Plant Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed





ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 0 5 5 1 7 1 9 8 1  
1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WAYNE DISPOSAL, INC.

## X. FACILITY'S EPA I.D. NO.

F M I D 0 4 8 0 9 0 6 3 3  
16 28

## XI. FACILITY ADDRESS

49350 N. SERVICE DRIVE  
BELLEVILLE, MI 48111

## XII. TRANSPORTATION SERVICES USED

INLAND WATER POLLUTION CONTROL - EPA I.D. #MID000820325

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Wastewater treatment sludges generated in the	1.5	K 0 3 5 U 0 5 1	6 2 0	T
32	2	production of creosote,				
	3	naphthalene and signifi-				
	4	cant amounts of non-				
	5	hazardous wastes and slag				
	6	for stabilization.				
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)

